

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000031456

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** MAVERICK REAL ESTATE OPPORTUNITY FUND LLC

**Current Principal Place of Business:**

18520 NW 67TH AVENUE  
#261  
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18520 NW 67TH AVENUE  
#261  
HIALEAH, FL 33015

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALLE, GEORGE F  
1000 BRICKELL AVENUE  
#1020  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

GAILES, GERALD  
18520 NW 67 AVENUE  
261  
HIALEAH, FL 33015 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GERALD GAILES

10/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GAILES, GERALD L  
Address: 18520 NW 67TH AVENUE #261  
City-St-Zip: HIALEAH, FL 33015

Title: MGRM ( ) Delete  
Name: GAILES, YVETTE R  
Address: 18520 NW 67TH AVENUE#261  
City-St-Zip: HIALEAH, FL 33015

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERALD GAILES

MGR

10/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date